## PART B - FEE(S) TRANSMITTAL

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QUALCOMM INCORPORATED  5775 MOREHOUSE DR. SAN DIEGO, CA 92121				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (371) 273-2885, on the date indicated below.						
	•			Barbar	a Agn	ihotri		(Дере	uitor's come)	
		/Barbara Agniḥotri/				(Signature)				
		•		June	17,	2008			(Date)	
APPLICATION NO. FILING	FILING DATE		TRST NAMED INVENTOR	ATTORNEY DOCKET NO			ET NO.	CONFIRMATION NO.		
10/632,411 08/01/2003		.Pa	rvathanathan Subrahmany	020133				4378		
TITLE OF INVENTION: ADAPTING OF				· · · · · · · · · · · · · · · · · · ·					· 	
APPLN. TYPE SMALL ENTI			PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FE		DATE D		
nonprovisional NO	514	H40	\$300	<b>5</b> 0		\$1740		06/13/2008		
EXAMINER A		INIT	CLASS-SUBCLASS							
DOAN, KIETM 2617			455-441000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternative (2) the name of a single	of a single firm (having as a member a rusy or agent) and the names of up to significantly or agents. If no name is 3 Kenneth K. Vu						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filting an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Qualcomm Incorporated								filed for		
Please check the appropriate assignee cate	ory or categories (w	ill not be pri	ated on the patent):	Individual Cor	poration	or other pe	rivate:group	pentity Go	recoment.	
4a. The following fee(s) are submitted:    Same Fee   Same Fee   Same Fee   Same Fee	b. Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Psyment by credit card, Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpsyment, to Deposit Account Number 10026 (enclose an extra copy of this form).									
5. Change in Entity Status (from status in a. Applicant claims SMALL ENTIT		R 1,27.	b. Applicant is no loog	er claiming SMALI	LENTIT	Y status. S	See 37 CFR	L1.27(g)(2),		
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Authorized Signature Clutt				D#6		, 20:08				
Types or primes name	th K. Vu			Régistration No			·- ·	01 170026	1063241	
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